

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF VIRGINIA

Case number (if known)

Chapter you are filing under:

☐ Chapter 7

☒ Chapter 11

☐ Chapter 12

☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

LeMar

First name

Allen

Middle name

Bowers

Last name and Suffix (Sr., Jr., II, III)

First name

Middle name

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-6396

Debtor 1 **LeMar Allen Bowers**

Case number (if known)

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

☒ I have not used any business name or EINs.

☐ I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

Business name(s)

EIN

EIN

**5. Where you live**

**10250 Scots Landing Road  
Mechanicsville, VA 23116**

Number, Street, City, State & ZIP Code

**Hanover**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State & ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **LeMar Allen Bowers**

Case number (if known)

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.

☐ Chapter 7

☒ Chapter 11

☐ Chapter 12

☐ Chapter 13

8. **How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?** ☐ No.  
☒ Yes.

District	<b>EDVA</b>	When	<b>7/29/19</b>	Case number	<b>19-33915</b>
District		When		Case number	
District		When		Case number	

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** ☐ No.  
☒ Yes.

Debtor	<b>Civitas Health Services, Inc.</b>	Relationship to you	<b>100% shareholder</b>
District	<b>EDVA</b>	When	<b>9/24/19</b>
Case number, if known	<b>19-34993</b>		
Debtor	<b>Melanie Hall Bowers</b>	Relationship to you	<b>Spouse</b>
District	<b>EDVA</b>	When	<b>9/18/20</b>
Case number, if known	<b>20-33854</b>		

11. **Do you rent your residence?** ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **LeMar Allen Bowers**

Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?**☒ No. Go to Part 4.☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any \_\_\_\_\_

Number, Street, City, State &amp; ZIP Code \_\_\_\_\_

*Check the appropriate box to describe your business:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

☐ No. I am not filing under Chapter 11.☒ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.☒ Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**☒ No.☐ Yes. What is the hazard? \_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

Where is the property? \_\_\_\_\_

Number, Street, City, State &amp; Zip Code \_\_\_\_\_

Debtor 1 **LeMar Allen Bowers**

Case number (if known)

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **LeMar Allen Bowers**

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?	16a.	<b>Are your debts primarily consumer debts?</b> <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> No. Go to line 16b. <input type="checkbox"/> Yes. Go to line 17.
	16b.	<b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input checked="" type="checkbox"/> Yes. Go to line 17.
	16c.	State the type of debts you owe that are not consumer debts or business debts

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17. Are you filing under Chapter 7?	<input checked="" type="checkbox"/> No.  <input type="checkbox"/> Yes.	I am not filing under Chapter 7. Go to line 18.  I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input type="checkbox"/> No <input type="checkbox"/> Yes
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18. How many Creditors do you estimate that you owe?	<input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
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19. How much do you estimate your assets to be worth?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
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20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
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**Part 7: Sign Below****For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**/s/ LeMar Allen Bowers****LeMar Allen Bowers**

Signature of Debtor 1

Signature of Debtor 2

Executed on **October 9, 2020**  
MM / DD / YYYYExecuted on  
MM / DD / YYYY

Debtor 1 **LeMar Allen Bowers**

Case number (if known)

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**/s/ James E. Kane, Esquire**

Date

**October 9, 2020**

Signature of Attorney for Debtor

MM / DD / YYYY

**James E. Kane, Esquire 30081**

Printed name

**Kane & Papa, P.C.**

Firm name

**P.O. Box 508**

**Richmond, VA 23218-0508**

Number, Street, City, State & ZIP Code

Contact phone **804-225-9500**

Email address

**jkane@kaneandpapa.com**

**30081 VA**

Bar number & State

Fill in this information to identify your case:

Debtor 1 **LeMar Allen Bowers**  
 First Name Middle Name Last Name  
 Debtor 2  
 (Spouse if, filing) First Name Middle Name Last Name  
 United States Bankruptcy Court for the: **EASTERN DISTRICT OF VIRGINIA**  
 Case number  
 (if known)

☐ Check if this is an amended filing

B 104

For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an insider. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.

Unsecured claim

**1** **BB&T**  
**Attn: Bankruptcy**  
**P.O. Box 1847**  
**Wilson, NC 27894**  
 \_\_\_\_\_  
 Contact  
 \_\_\_\_\_  
 Contact phone  
 \_\_\_\_\_

What is the nature of the claim? **Consumer Debt** \$ **\$741.00**

As of the date you file, the claim is: Check all that apply  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?  
☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
 Value of security: - \$ \_\_\_\_\_  
 Unsecured claim \$ \_\_\_\_\_

**2** **Capital One Auto Finance**  
**Attn: Bankruptcy**  
**Po Box 30285**  
**Salt Lake City, UT 84130**  
 \_\_\_\_\_  
 Contact  
 \_\_\_\_\_

What is the nature of the claim? **2016 Chevrolet Suburban** \$ **\$1,455.00**

As of the date you file, the claim is: Check all that apply  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?  
☐ No  
☒ Yes. Total claim (secured and unsecured) \$ **\$39,356.00**



Debtor 1 **LeMar Allen Bowers**

Case number (if known)

Contact phone

Value of security:

- \$ **\$37,901.00**

Unsecured claim

\$ **\$1,455.00**

**3**

**Carrington Mortgage Services  
Attn: Bankruptcy  
Po Box 3730  
Anaheim, CA 92806**

What is the nature of the claim?

**1204 Alcindor Road \$ 14,652.00  
Portsmouth, VA 23701  
Portsmouth City**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

- ☐ No  
☒ Yes. Total claim (secured and unsecured) \$ **\$180,902.00**  
Value of security: - \$ **\$166,250.00**  
Unsecured claim \$ **\$14,652.00**

Contact

Contact phone

**4**

**Citibank/The Home Depot  
Attn: Recovery/Centralized  
Bankruptcy  
Po Box 790034  
St Louis, MO 63179**

What is the nature of the claim?

**Consumer Debt \$ 434.00**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

Contact

Contact phone

**5**

**Comenity Bank/Wayfair  
Attn: Bankruptcy Dept  
Po Box 182125  
Columbus, OH 43218**

What is the nature of the claim?

**Consumer Debt \$ 1,168.00**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

Contact

Contact phone

**6**

**Dominion Energy  
P O Box 26543  
Colonial Heights, VA 23834**

What is the nature of the claim?

**Utilities \$ 1,200.00**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated

Debtor 1 **LeMar Allen Bowers** Case number (if known) \_\_\_\_\_

- ☐ Disputed  
☒ None of the above apply

**Does the creditor have a lien on your property?**

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

Contact

Contact phone

7

**Hanover County Treasurer  
P.O. Box 430  
Hanover, VA 23069**

**What is the nature of the claim?**

**Personal Property Taxes \$ \$3,717.00**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

**Does the creditor have a lien on your property?**

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

Contact

Contact phone

8

**Independent Savings Plan  
Company (ISPC)  
Attn: Bankruptcy  
1115 Gunn Highway Suite 100  
Odessa, FL 33556**

**What is the nature of the claim?**

**Water System \$ \$6,768.00**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

**Does the creditor have a lien on your property?**

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

Contact

Contact phone

9

**Internal Revenue Service  
Centralized Insolvency Operati  
P. O. Box 7346  
Philadelphia, PA 19101-7346**

**What is the nature of the claim?**

**Income Taxes \$ \$696,245.00**

**As of the date you file, the claim is:** Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

**Does the creditor have a lien on your property?**

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
Value of security: - \$ \_\_\_\_\_  
Unsecured claim \$ \_\_\_\_\_

Contact

Contact phone

Debtor 1 **LeMar Allen Bowers**

Case number (if known)

**10**

**Kelly Barnhart**  
**580 E Main Street**  
**Suite 300**  
**Norfolk, VA 23510**

Contact

Contact phone

What is the nature of the claim?

**Legal Fees**

**\$ \$2,900.00**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$  
Value of security: - \$  
Unsecured claim \$

**11**

**Knight Capital Funding**  
**9 E Loockerman St**  
**#3A-543**  
**Dover, DE 19901**

Contact

Contact phone

What is the nature of the claim?

**Guaranty of business debt**

**\$ \$60,256.00**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$  
Value of security: - \$  
Unsecured claim \$

**12**

**Navient**  
**PO Box 4450**  
**Portland, OR 97208**

Contact

Contact phone

What is the nature of the claim?

**Student Loan**

**\$ \$150,606.00**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$  
Value of security: - \$  
Unsecured claim \$

**13**

**On Deck Capital, Inc.-Client**  
**4201 Wilson Blvd.**  
**Suite 110-209**  
**Arlington, VA 22203**

What is the nature of the claim?

**Guarantee of Business Debt**

**\$ \$40,268.00**

As of the date you file, the claim is: Check all that apply

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed  
☐ None of the above apply

Does the creditor have a lien on your property?

Debtor 1 **LeMar Allen Bowers** Case number (if known) \_\_\_\_\_

Contact \_\_\_\_\_  
 Contact phone \_\_\_\_\_

☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
 Value of security: - \$ \_\_\_\_\_  
 Unsecured claim \$ \_\_\_\_\_

14

**Partnersffcu**  
**400 North 8th Street**  
**Richmond, VA 23219**

What is the nature of the claim? **2012 Audi A6 140,000 miles** \$ **\$4,871.00**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

☐ No  
☒ Yes. Total claim (secured and unsecured) \$ **\$14,546.00**  
 Value of security: - \$ **\$9,675.00**  
 Unsecured claim \$ **\$4,871.00**

Contact \_\_\_\_\_  
 Contact phone \_\_\_\_\_

15

**Synchrony/Ashley Furniture**  
**Homestore**  
**Attn: Bankruptcy**  
**Po Box 965060**  
**Orlando, FL 32896**

What is the nature of the claim? **Consumer Debt** \$ **\$1,362.00**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
 Value of security: - \$ \_\_\_\_\_  
 Unsecured claim \$ \_\_\_\_\_

Contact \_\_\_\_\_  
 Contact phone \_\_\_\_\_

16

**TBF Financial LLC**  
**Attn: Bankruptcy Department**  
**740 Waukegan Road, Suite 404**  
**Deerfield, IL 60015**

What is the nature of the claim? **Guarantee of Business Debt** \$ **\$6,768.00**

As of the date you file, the claim is: Check all that apply

- ☒ Contingent  
☐ Unliquidated  
☐ Disputed  
☐ None of the above apply

Does the creditor have a lien on your property?

☒ No  
☐ Yes. Total claim (secured and unsecured) \$ \_\_\_\_\_  
 Value of security: - \$ \_\_\_\_\_  
 Unsecured claim \$ \_\_\_\_\_

Contact \_\_\_\_\_  
 Contact phone \_\_\_\_\_

17

**The Nesbitt Law Firm**

What is the nature of the claim? **Civil Judgment** \$ **\$1,489.00**

Debtor 1 **LeMar Allen Bowers**

Case number (if known)

1915 Huguenot Road  
Suite 303  
Richmond, VA 23235

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$  
Value of security: - \$  
Unsecured claim \$

Contact

Contact phone

18

**Truist Bankruptcy Section**  
P.O. Box 1847  
Wilson, NC 27894

What is the nature of the claim?

**Consumer Debt**

**\$ \$741.00**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$  
Value of security: - \$  
Unsecured claim \$

Contact

Contact phone

19

**Verizon Wireless**  
P.O. Box 761  
Houston, TX 77210

What is the nature of the claim?

**Consumer Debt**

**\$ \$2,196.00**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

- ☒ No  
☐ Yes. Total claim (secured and unsecured) \$  
Value of security: - \$  
Unsecured claim \$

Contact

Contact phone

20

**Wells Fargo Dealer Services**  
Attn: Bankruptcy  
Po Box 19657  
Irvine, CA 92623

What is the nature of the claim?

**2015 Acura TLX 65000 miles**

**\$ \$4,537.00**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed  
☒ None of the above apply

Does the creditor have a lien on your property?

- ☐ No  
☒ Yes. Total claim (secured and unsecured) \$ **\$21,087.00**

Contact

Debtor 1	<u>LeMar Allen Bowers</u>	Case number (if known)	_____
_____	Value of security:	- \$	<u>\$16,550.00</u>
Contact phone	Unsecured claim	\$	<u>\$4,537.00</u>

**Part 2: Sign Below**

Under penalty of perjury, I declare that the information provided in this form is true and correct.

X	<u>/s/ LeMar Allen Bowers</u>	X	_____
	<b>LeMar Allen Bowers</b>		Signature of Debtor 2
	Signature of Debtor 1		

Date	<u>October 9, 2020</u>	Date	_____
------	------------------------	------	-------

BB&T  
Attn: Bankruptcy  
P.O. Box 1847  
Wilson, NC 27894

Capital One  
Attn: Bankruptcy  
Po Box 30285  
Salt Lake City, UT 84130

Capital One Auto Finance  
Attn: Bankruptcy  
Po Box 30285  
Salt Lake City, UT 84130

Carrington Mortgage Services  
Attn: Bankruptcy  
Po Box 3730  
Anaheim, CA 92806

Citibank/The Home Depot  
Attn: Recovery/Centralized Bankruptcy  
Po Box 790034  
St Louis, MO 63179

Comenity Bank/Wayfair  
Attn: Bankruptcy Dept  
Po Box 182125  
Columbus, OH 43218

Commonwealth Radiology  
1508 Willow Lawn Drive  
Suite 117  
Richmond, VA 23230

Dominion Energy  
P O Box 26543  
Colonial Heights, VA 23834

Genesis Bankcard Services  
Attn: Bankruptcy Department  
Po Box 4477  
Beaverton, OR 97076

Hanover County Treasurer  
P.O. Box 430  
Hanover, VA 23069

Independent Savings Plan Company (ISPC)  
Attn: Bankruptcy  
1115 Gunn Highway Suite 100  
Odessa, FL 33556

Internal Revenue Service  
Centralized Insolvency Operati  
P. O. Box 7346  
Philadelphia, PA 19101-7346

Jefferson Capital Systems  
P O Box 772813  
Chicago, IL 60677

Kelly Barnhart  
580 E Main Street  
Suite 300  
Norfolk, VA 23510

Knight Capital Funding  
9 E Loockerman St  
#3A-543  
Dover, DE 19901

Knight Capital Funding  
110 SE 6TH Street  
Suite 700  
Fort Lauderdale, FL 33301

Navient  
PO Box 4450  
Portland, OR 97208

On Deck Capital, Inc.-Client  
4201 Wilson Blvd.  
Suite 110-209  
Arlington, VA 22203

Partnersffcu  
400 North 8th Street  
Richmond, VA 23219



Quantum 3 Group LLC  
Comenity Bank  
P.O. 788  
Kirkland, WA 98083

Shapiro & Brown, LLP  
501 Independence Pkwy.  
Suite 203  
Chesapeake, VA 23320

SPG Advance  
1221 McDonald Ave  
Brooklyn, NY 11230

SublettPearson PLC  
P.O. Box 20869  
Roanoke, VA 24018

Synchrony/Ashley Furniture Homestore  
Attn: Bankruptcy  
Po Box 965060  
Orlando, FL 32896

TBF Financial LLC  
Attn: Bankruptcy Department  
740 Waukegan Road, Suite 404  
Deerfield, IL 60015

The Nesbitt Law Firm  
1915 Huguenot Road  
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Richmond, VA 23235

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P.O. Box 1847  
Wilson, NC 27894

Verizon Wireless  
P.O. Box 761  
Houston, TX 77210

Wells Fargo Dealer Services  
Attn: Bankruptcy  
Po Box 19657  
Irvine, CA 92623

Exhibit A

<b>Form 1040</b>		Department of the Treasury — Internal Revenue Service (99)		<b>2018</b>		OMB No. 1545-0074		IRS Use Only — Do not write or staple in this space.																																																																																																																					
Filing status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er)		Your first name and initial <b>LEMAR A BOWERS</b>		Last name		Your social security number																																																																																																																							
Your standard deduction: <input type="checkbox"/> Someone can claim you as a dependent <input type="checkbox"/> You were born before January 2, 1954 <input type="checkbox"/> You are blind <input type="checkbox"/> Spouse itemizes on a separate return or you were dual-status alien		If joint return, spouse's first name and initial <b>MELANIE H BOWERS</b>		Last name		Spouse's social security number																																																																																																																							
Spouse standard deduction: <input type="checkbox"/> Someone can claim your spouse as a dependent <input type="checkbox"/> Spouse was born before January 2, 1954 <input checked="" type="checkbox"/> Full-year health care coverage or exempt (see inst.)		Home address (number and street). If you have a P.O. box, see instructions. <b>10250 SCOTS LANDING ROAD</b>		Apt. no.		Presidential Election Campaign (see inst.) <input type="checkbox"/> You <input type="checkbox"/> Spouse																																																																																																																							
City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. <b>MECHANICSVILLE, VA 23116-</b>		Dependents (see instructions):		(2) Social security number		(3) Relationship to you		(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):																																																																																																																					
(1) First name Last name								Child tax credit Credit for other dependents																																																																																																																					
<b>Sign Here</b>		Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.																																																																																																																											
Joint return? See instructions. Keep a copy for your records.		Your signature		Date		Your occupation		If the IRS sent you an Identity Protection PIN, enter it here (see inst.)																																																																																																																					
		Spouse's signature. If a joint return, both must sign.		Date		Spouse's occupation		If the IRS sent you an Identity Protection PIN, enter it here (see inst.)																																																																																																																					
<b>Paid Preparer Use Only</b>		Preparer's name <b>CHRISTOPHER CANTARA</b>		Preparer's signature <b>CHRISTOPHER CANTARA</b>		PTIN <b>P01420040</b>		Firm's EIN <b>46-1248459</b>																																																																																																																					
		Firm's name <b>CHRISTOPHER CANTARA CPA LLC</b>		Firm's address <b>2530 GASKINS RD HENRICO, VA 23238</b>		Phone no. <b>804-261-0100</b>		Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed																																																																																																																					
<b>BAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.</b> FDIA0112L 01/08/19 Form 1040 (2018) Page 2																																																																																																																													
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td rowspan="16" style="width:15%; vertical-align: top;"> <b>Attach Form(s)</b> W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.   <b>Standard Deduction for —</b>            • Single or married filing separately, \$12,000            • Married filing jointly or Qualifying widow(er), \$24,000            • Head of household, \$18,000            • If you checked any box under Standard deduction, see instructions.         </td> <td style="width:5%;">1</td> <td style="width:60%;">Wages, salaries, tips, etc. Attach Form(s) W-2.</td> <td style="width:5%;">1</td> <td style="width:15%; text-align: right;">298,876.</td> </tr> <tr> <td>2a</td> <td>Tax-exempt interest</td> <td>2b</td> <td>Taxable interest</td> </tr> <tr> <td>3a</td> <td>Qualified dividends</td> <td>3b</td> <td>Ordinary dividends</td> </tr> <tr> <td>4a</td> <td>IRAs, pensions, and annuities</td> <td>4b</td> <td>Taxable amount</td> </tr> <tr> <td>5a</td> <td>Social security benefits</td> <td>5b</td> <td>Taxable amount</td> </tr> <tr> <td>6</td> <td colspan="2">Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22</td> <td>6</td> <td>302,470.</td> </tr> <tr> <td>7</td> <td colspan="2">Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6</td> <td>7</td> <td>302,470.</td> </tr> <tr> <td>8</td> <td colspan="2">Standard deduction or itemized deductions (from Schedule A)</td> <td>8</td> <td>34,333.</td> </tr> <tr> <td>9</td> <td colspan="2">Qualified business income deduction (see instructions)</td> <td>9</td> <td></td> </tr> <tr> <td>10</td> <td colspan="2">Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-</td> <td>10</td> <td>268,137.</td> </tr> <tr> <td>11</td> <td colspan="2">a Tax (see inst.) 52,932. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> )</td> <td>11</td> <td>52,932.</td> </tr> <tr> <td>12</td> <td colspan="2">a Child tax credit/credit for other dependents 3,000.</td> <td>12</td> <td>5,650.</td> </tr> <tr> <td>13</td> <td colspan="2">b Add any amount from Schedule 3 and check here.</td> <td>13</td> <td>47,282.</td> </tr> <tr> <td>14</td> <td colspan="2">Subtract line 12 from line 11. If zero or less, enter -0-</td> <td>14</td> <td>820.</td> </tr> <tr> <td>15</td> <td colspan="2">Other taxes. Attach Schedule 4.</td> <td>15</td> <td>48,102.</td> </tr> <tr> <td>16</td> <td colspan="2">Total tax. Add lines 13 and 14.</td> <td>16</td> <td>49,220.</td> </tr> <tr> <td>17</td> <td colspan="2">Federal income tax withheld from Forms W-2 and 1099</td> <td>17</td> <td></td> </tr> <tr> <td>18</td> <td colspan="2">Refundable credits: a EIC (see inst.) b Sch. 3812 c Form 8863</td> <td>18</td> <td>49,220.</td> </tr> <tr> <td>19</td> <td colspan="2">Add lines 16 and 17. These are your total payments</td> <td>19</td> <td>1,118.</td> </tr> <tr> <td>20a</td> <td colspan="2">Amount of line 19 you want refunded to you. If Form 8888 is attached, check here</td> <td>20a</td> <td>1,118.</td> </tr> <tr> <td>21</td> <td colspan="2">b Routing number c Account number</td> <td>21</td> <td></td> </tr> <tr> <td>22</td> <td colspan="2">Amount of line 19 you want applied to your tax</td> <td>22</td> <td></td> </tr> <tr> <td>23</td> <td colspan="2">Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions.</td> <td>23</td> <td></td> </tr> <tr> <td>24</td> <td colspan="2">Estimated tax penalty (see instructions)</td> <td>24</td> <td></td> </tr> </table>										<b>Attach Form(s)</b> W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.  <b>Standard Deduction for —</b> • Single or married filing separately, \$12,000 • Married filing jointly or Qualifying widow(er), \$24,000 • Head of household, \$18,000 • If you checked any box under Standard deduction, see instructions.	1	Wages, salaries, tips, etc. Attach Form(s) W-2.	1	298,876.	2a	Tax-exempt interest	2b	Taxable interest	3a	Qualified dividends	3b	Ordinary dividends	4a	IRAs, pensions, and annuities	4b	Taxable amount	5a	Social security benefits	5b	Taxable amount	6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22		6	302,470.	7	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6		7	302,470.	8	Standard deduction or itemized deductions (from Schedule A)		8	34,333.	9	Qualified business income deduction (see instructions)		9		10	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-		10	268,137.	11	a Tax (see inst.) 52,932. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> )		11	52,932.	12	a Child tax credit/credit for other dependents 3,000.		12	5,650.	13	b Add any amount from Schedule 3 and check here.		13	47,282.	14	Subtract line 12 from line 11. If zero or less, enter -0-		14	820.	15	Other taxes. Attach Schedule 4.		15	48,102.	16	Total tax. Add lines 13 and 14.		16	49,220.	17	Federal income tax withheld from Forms W-2 and 1099		17		18	Refundable credits: a EIC (see inst.) b Sch. 3812 c Form 8863		18	49,220.	19	Add lines 16 and 17. 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**SCHEDULE 3**  
(Form 1040)

Department of the Treasury  
Internal Revenue Service

**Nonrefundable Credits**

▶ Attach to Form 1040.

▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. 03

Name(s) shown on Form 1040

LEMAR A AND MELANIE H BOWERS

Your social security number

[REDACTED]

<b>Nonrefundable Credits</b>	48	Foreign tax credit. Attach Form 1116 if required. ....		
	49	Credit for child and dependent care expenses. Attach Form 2441. ....	49	
	50	Education credits from Form 8863, line 19. ....	50	
	51	Retirement savings contributions credit. Attach Form 8880. ....	51	
	52	Reserved. ....	52	
	53	Residential energy credit. Attach Form 5695. ....	53	
54	Other credits from Form a <input type="checkbox"/> 3800 b <input checked="" type="checkbox"/> 8801 c <input type="checkbox"/> .....	54		2,650.
55	Add the amounts in the far right column. Enter here and include on Form 1040, line 12. ....	55		2,650.

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 3 (Form 1040) 2018

**SCHEDULE 4**  
(Form 1040)

Department of the Treasury  
Internal Revenue Service

**Other Taxes**

▶ Attach to Form 1040.

▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. **04**

Name(s) shown on Form 1040

LEMAR A AND MELANIE H BOWERS

Your social security number

[REDACTED]

**Other  
Taxes**

57	Self-employment tax. Attach Schedule SE.	57	
58	Unreported social security and Medicare tax from: Form a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required.	59	359.
60a	Household employment taxes. Attach Schedule H.	60a	
b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if required.	60b	
61	Health care: individual responsibility (see instructions)	61	
62	Taxes from: a <input checked="" type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	461.
63	Section 965 net tax liability installment from Form 965-A. <b>63</b>		
64	Add the amounts in the far right column. These are your total other taxes. Enter here and on Form 1040, line 14.	64	820.

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 4 (Form 1040) 2018

**SCHEDULE 6**  
(Form 1040)

Department of the Treasury  
Internal Revenue Service

**Foreign Address and Third Party Designee**

▶ Attach to Form 1040.  
▶ Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

OMB No. 1545-0074

**2018**

Attachment  
Sequence No. 05A

Name(s) shown on Form 1040

LEMAR A AND MELANIE H BOWERS

Your social security number

**Foreign  
Address**

Foreign country name

Foreign province/county

**Third Party  
Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)?

☒ Yes. Complete below. ☐ No

Designee's  
name

▶ CHRISTOPHER CANTARA

Phone  
no.

▶ 804-261-0100

Personal identification  
number (PIN)

▶ 54621

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 6 (Form 1040) 2018

**SCHEDULE A**  
(Form 1040)Department of the Treasury  
Internal Revenue Service (99)**Itemized Deductions**► Go to [www.irs.gov/ScheduleA](http://www.irs.gov/ScheduleA) for instructions and the latest information.  
► Attach to Form 1040.

Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0044

**2018**Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

LEMAR A AND MELANIE H BOWERS

Your social security number

<b>Medical and Dental Expenses</b>	Caution: Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions) . . . . .	1		
2	Enter amount from Form 1040, line 7 . . . . .	2		
3	Multiply line 2 by 7.5% (0.075) . . . . .	3		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . .	4		0.
<b>Taxes You Paid</b>	5 State and local taxes.			
	a) State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box. . . . . <input type="checkbox"/>	5a	16,345.	
	b) State and local real estate taxes (see instructions) . . . . .	5b	4,523.	
	c) State and local personal property taxes. . . . .	5c		
	d) Add lines 5a through 5c. . . . .	5d	20,868.	
	e) Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately). . . . .	5e	10,000.	
	6 Other taxes. List type and amount ► . . . . .	6		
	7 Add lines 5e and 6 . . . . .	7		10,000.
<b>Interest You Paid</b>	8 Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box. . . . . <input type="checkbox"/>			
Caution: Your mortgage interest deduction may be limited (see instructions).	a) Home mortgage interest and points reported to you on Form 1098. . . . .	8a	21,833.	
	b) Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► . . . . .	8b		
	c) Points not reported to you on Form 1098. See instructions for special rules. . . . .	8c		
	d) Reserved . . . . .	8d		
	e) Add lines 8a through 8c. . . . .	8e	21,833.	
	9 Investment interest. Attach Form 4952 if required. See instructions. . . . .	9		
	10 Add lines 8e and 9 . . . . .	10		21,833.
<b>Gifts to Charity</b>	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions . . . . .	11	2,500.	
If you made a gift and got a benefit for it, see instructions.	12 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500. . . . .	12		
	13 Carryover from prior year . . . . .	13		
	14 Add lines 11 through 13 . . . . .	14		2,500.
<b>Casualty and Theft Losses</b>	15 Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions. . . . .	15		0.
<b>Other Itemized Deductions</b>	16 Other—from list in instructions. List type and amount ► . . . . .	16		0.
<b>Total Itemized Deductions</b>	17 Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040, line 8. . . . .	17		34,333.
	18 If you elect to itemize deductions even though they are less than your standard deduction, check here. . . . . <input type="checkbox"/>			



Form <b>5329</b>  Department of the Treasury Internal Revenue Service (99)	<b>Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts</b> ▶ Attach to Form 1040 or Form 1040NR. ▶ Go to <a href="http://www.irs.gov/Form5329">www.irs.gov/Form5329</a> for instructions and the latest information.	OMB No. 1545-0074  <b>2018</b>  Attachment Sequence No. <b>29</b>
Name of individual subject to additional tax. If married filing jointly, see instructions. <b>MELANIE H BOWERS</b>		
Home address (number and street), or P.O. box if mail is not delivered to your home [Redacted]		Your social security number [Redacted]
City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below. See instructions.		If this is an amended return, check here <input type="checkbox"/>
Foreign country name	Foreign province/state/county	Foreign postal code
If you only owe the additional 10% tax on early distributions, you may be able to report this tax directly on Schedule 4 (Form 1040), line 59, or Form 1040NR, line 57, without filing Form 5329. See the instructions for Schedule 4 (Form 1040), line 59, or for Form 1040NR, line 57.		
<b>Part I Additional Tax on Early Distributions.</b> Complete this part if you took a taxable distribution (other than a qualified 2017 disaster distribution) before you reached age 59-1/2 from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Form 1040 or Form 1040NR — see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions. See instructions.		
1 Early distributions included in income. For Roth IRA distributions, see instructions	1	3,594.
2 Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions:	2	
3 Amount subject to additional tax. Subtract line 2 from line 1	3	3,594.
4 Additional tax. Enter 10% (0.10) of line 3. Include this amount on Schedule 4 (Form 1040), line 59, or Form 1040NR, line 57. Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10%. See instructions.	4	359.
<b>Part II Additional Tax on Certain Distributions From Education Accounts and ABL Accounts.</b> Complete this part if you included an amount in income, on Schedule 1 (Form 1040), line 21, or Form 1040NR, line 21, from a Coverdell education savings account (ESA), a qualified tuition program (QTP), or an ABL account.		
5 Distributions included in income from a Coverdell ESA, a QTP, or an ABL account	5	
6 Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	
7 Amount subject to additional tax. Subtract line 6 from line 5	7	
8 Additional tax. Enter 10% (0.10) of line 7. Include this amount on Schedule 4 (Form 1040), line 59, or Form 1040NR, line 57	8	
<b>Part III Additional Tax on Excess Contributions to Traditional IRAs.</b> Complete this part if you contributed more to your traditional IRAs for 2018 than is allowable or you had an amount on line 17 of your 2017 Form 5329.		
9 Enter your excess contributions from line 16 of your 2017 Form 5329. See instructions. If zero, go to line 15	9	
10 If your traditional IRA contributions for 2018 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10	
11 2018 traditional IRA distributions included in income (see instructions)	11	
12 2018 distributions of prior year excess contributions (see instructions)	12	
13 Add lines 10, 11, and 12	13	
14 Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-	14	
15 Excess contributions for 2018 (see instructions)	15	
16 Total excess contributions. Add lines 14 and 15	16	
17 Additional tax. Enter 6% (0.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2018 (including 2018 contributions made in 2019). Include this amount on Schedule 4 (Form 1040), line 59, or Form 1040NR, line 57	17	
<b>Part IV Additional Tax on Excess Contributions to Roth IRAs.</b> Complete this part if you contributed more to your Roth IRAs for 2018 than is allowable or you had an amount on line 25 of your 2017 Form 5329.		
18 Enter your excess contributions from line 24 of your 2017 Form 5329. See instructions. If zero, go to line 23	18	
19 If your Roth IRA contributions for 2018 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	19	
20 2018 distributions from your Roth IRAs (see instructions)	20	
21 Add lines 19 and 20	21	
22 Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-	22	
23 Excess contributions for 2018 (see instructions)	23	
24 Total excess contributions. Add lines 22 and 23	24	
25 Additional tax. Enter 6% (0.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2018 (including 2018 contributions made in 2019). Include this amount on Schedule 4 (Form 1040), line 59, or Form 1040NR, line 57	25	

Form **6251**Department of the Treasury  
Internal Revenue Service (99)**Alternative Minimum Tax – Individuals**

► Go to [www.irs.gov/Form6251](http://www.irs.gov/Form6251) for instructions and the latest information.  
► Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

**2018**Attachment  
Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR

LEMAR A AND MELANIE H BOWERS

Your social security number

**Part I Alternative Minimum Taxable Income** (See instructions for how to complete each line.)

1	Enter the amount from Form 1040, line 10, if more than zero. If Form 1040, line 10, is zero, subtract lines 8 and 9 of Form 1040 from line 7 of Form 1040 and enter the result here. (If less than zero, enter as a negative amount.)	1	268,137.
2a	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040, line 8.	2a	10,000.
b	Tax refund from Schedule 1 (Form 1040), line 10 or line 21.	2b	
c	Investment interest expense (difference between regular tax and AMT).	2c	
d	Depletion (difference between regular tax and AMT).	2d	
e	Net operating loss deduction from Schedule 1 (Form 1040), line 21. Enter as a positive amount.	2e	
f	Alternative tax net operating loss deduction.	2f	
g	Interest from specified private activity bonds exempt from the regular tax.	2g	
h	Qualified small business stock, see instructions.	2h	
i	Exercise of incentive stock options (excess of AMT income over regular tax income).	2i	
j	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A).	2j	
k	Disposition of property (difference between AMT and regular tax gain or loss).	2k	
l	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT).	2l	
m	Passive activities (difference between AMT and regular tax income or loss).	2m	
n	Loss limitations (difference between AMT and regular tax income or loss).	2n	
o	Circulation costs (difference between regular tax and AMT).	2o	
p	Long-term contracts (difference between AMT and regular tax income).	2p	
q	Mining costs (difference between regular tax and AMT).	2q	
r	Research and experimental costs (difference between regular tax and AMT).	2r	
s	Income from certain installment sales before January 1, 1987.	2s	
t	Intangible drilling costs preference.	2t	
3	Other adjustments, including income-based related adjustments.	3	
4	<b>Alternative minimum taxable income.</b> Combine lines 1 through 3. (If married filing separately and line 4 is more than \$718,800, see instructions.)	4	278,137.

**Part II Alternative Minimum Tax (AMT)**

5	Exemption. (If you were under age 24 at the end of 2018, see instructions.) IF your filing status is . . . AND line 4 is not over . . . THEN enter on line 5 . . . Single or head of household . . . \$ 500,000 . . . \$ 70,300 Married filing jointly or qualifying widow(er) . . . 1,000,000 . . . 109,400 Married filing separately . . . 500,000 . . . 54,700 If line 4 is over the amount shown above for your filing status, see instructions.	5	109,400.
6	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10.	6	168,737.
7	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Schedule 1 (Form 1040), line 13; you reported qualified dividends on Form 1040, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as figured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. • All others: If line 6 is \$191,100 or less (\$95,550 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,822 (\$1,911 if married filing separately) from the result.	7	43,872.
8	Alternative minimum tax foreign tax credit (see instructions).	8	
9	Tentative minimum tax. Subtract line 8 from line 7.	9	43,872.
10	Add Form 1040, line 11a (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 46. Subtract from the result any foreign tax credit from Schedule 3 (Form 1040), line 48. If you used Schedule J to figure your tax on Form 1040, line 11a, refigure that tax without using Schedule J before completing this line (see instructions).	10	52,932.
11	AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 45.	11	0.

BAA For Paperwork Reduction Act Notice, see your tax return instructions.

FDIA5312L 11/05/18

Form 6251 (2018)



Form **8959**Department of the Treasury  
Internal Revenue Service**Additional Medicare Tax**

- If any line does not apply to you, leave it blank. See separate instructions.  
 ► Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.  
 ► Go to [www.irs.gov/Form8959](http://www.irs.gov/Form8959) for instructions and the latest information.

OMB No. 1545-0074

**2018**Attachment  
Sequence No. 71

Name(s) shown on return

LEMAR A AND MELANIE H BOWERS

**Part I Additional Medicare Tax on Medicare Wages**

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5.	1	301,203.	
2	Unreported tips from Form 4137, line 6.	2		
3	Wages from Form 8919, line 6.	3		
4	Add lines 1 through 3.	4	301,203.	
5	Enter the following amount for your filing status: Married filing jointly..... \$250,000 Married filing separately..... \$125,000 Single, Head of household, or Qualifying widow(er)..... \$200,000	5	250,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0-	6		51,203.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II.	7		461.

**Part II Additional Medicare Tax on Self-Employment Income**

8	Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8		
9	Enter the following amount for your filing status: Married filing jointly..... \$250,000 Married filing separately..... \$125,000 Single, Head of household, or Qualifying widow(er)..... \$200,000	9		
10	Enter the amount from line 4.	10		
11	Subtract line 10 from line 9. If zero or less, enter -0-	11		
12	Subtract line 11 from line 8. If zero or less, enter -0-	12		
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III.	13		

**Part III Additional Medicare Tax on Railroad Retirement Tax Act (RTTA) Compensation**

14	Railroad retirement (RTTA) compensation and tips from Form(s) W-2, box 14 (see instructions).	14		
15	Enter the following amount for your filing status: Married filing jointly..... \$250,000 Married filing separately..... \$125,000 Single, Head of household, or Qualifying widow(er)..... \$200,000	15		
16	Subtract line 15 from line 14. If zero or less, enter -0-	16		
17	Additional Medicare Tax on railroad retirement (RTTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV.	17		

**Part IV Total Additional Medicare Tax**

18	Add lines 7, 13, and 17. Also include this amount on Schedule 4 (Form 1040), line 62 (check box a) (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions), and go to Part V.	18		461.
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**Part V Withholding Reconciliation**

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6.	19	4,367.	
20	Enter the amount from line 1.	20	301,203.	
21	Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages.	21	4,367.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages.	22		
23	Additional Medicare Tax withholding on railroad retirement (RTTA) compensation from Form W-2, box 14 (see instructions).	23		
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 16 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions).	24		

**AFFIDAVIT PURSUANT TO 11 U.S.C. § 1116(1)(B)**

I, LeMar Allen Bowers, hereby certify under oath that there has been no balance sheet, statement of operations, or cash-flow statement prepared for me.

/s/ LeMar Allen Bowers  
LeMar Allen Bowers

COMMONWEALTH OF VIRGINIA            )  
CITY OF RICHMOND                    ); to wit

Subscribed and sworn to before me on October 9, 2020 by LeMar Allen Bowers.

/s/ Suzanne Elizabeth Falkowski  
Notary Public

My Commission Expires: August 31, 2024  
Notary Registration Number: 7868756